

Case Number:	CM13-0065773		
Date Assigned:	01/03/2014	Date of Injury:	11/03/2000
Decision Date:	06/20/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	12/13/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 43-year-old with an injury reported on November 3, 2000. The injured worker was a bus driver and the mechanism of injury was reported as a bus accident. The clinical note dated December 26, 2013 reported that the injured worker complained of numbness in her face, neck, head, hands, fingers, and toes. The injured worker also complained of sharp, piercing wrist pain rated 5/10 with medication and 8/10 without medication. The physical examination findings reported there was an orthotic boot to left ankle. The injured worker's left ankle had tenderness to the medial malleolus and lateral malleolus with a range of motion that demonstrated dorsiflexion to 20 degrees, plantarflexion to 50 degrees, inversion to 30 degrees, and eversion to 20 degrees. The injured worker's prescribed medication list included baclofen 10mg, norco 10/325, metformin, microzide, lisinopril, doxycycline, flaxseed oil, neurontin, mutivitims, oxybutynin, vitamin c, bupropion xl, provera, and estrace. The injured worker's diagnoses included left ankle pain, left foot drop, incontinence of urine, chronic urinary tract infection, depression, closed head injury (2000), headaches, shoulder pain, arm pain, numbness, ankle fusion, and history of pelvic fracture-open book. The request for authorization was submitted on December 12, 2013. The provider request for lioresal 10mg; the rationale was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

LIORESAL 10 mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Muscle relaxants (for pain), Page(s): 63.64.

Decision rationale: The injured worker complained of numbness in her face, neck, head, hands, fingers, and toes. The injured worker also complained of sharp, piercing wrist pain rated 5/10 with medication and 8/10 without medication. The Chronic Pain Medical Treatment Guidelines recommend baclofen (Lioresal) orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. The specific utilization of lioresal is unclear. There is a lack of clinical documentation of the injured worker having muscle spasms, being the main reason for a muscle relaxant medication. The efficacy of Lioresal is not provided. It was noted that the injured worker can perform increased activities of daily living with her medications; however, it was unclear if the injured worker gained any additional function from the use of Lioresal. Also, the frequency of the medication was not provided in the request as submitted. The request for Lioresal 10mg, 120 count, is not medically necessary or appropriate.